

UNITED STATES DISTRICT COURT

District of _____

ATTACHMENT 4

Robert PIRIGARO
258 CENTRAL ST
SAUGUS MASS 01906
V.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

05 10393 GAO

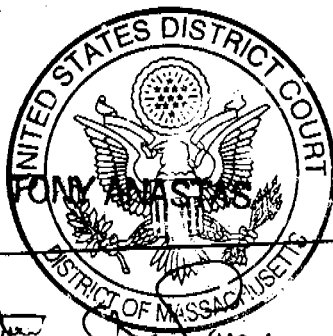
TO: (Name and address of Defendant)

TOWN OF
298 CENTRAL ST
MASS 01906

FILED
CLERK'S OFFICE
2005 MAR - 4 P 4:21
U.S. DISTRICT COURT
DISTRICT OF MASS

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is herewith served upon you, within _____ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



MAR 1 - 2005

CLERK

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>MAR 12 / 2005</u>
NAME OF SERVER (PRINT) <u>Robert Pungaro</u>	TITLE <u>Proce</u>

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☐ Other (specify): By U.S. MAIL Received

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on MAR 12 / 2005 Robert Pungaro Proce
Date Signature of Server

258 CENTRAL ST SAUGUS MASS
Address of Server

996 217 546
210 0003 8117 5466
252 0152 4002
7004

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
SAUGUS, MA 01906	
Postage	\$ 0.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42
UNIT ID: 0906	
Postmark Here	
Clerk: KR0690	
03/02/05	
Sent To <u>TOWN OF SAUGUS</u>	
Street, Apt. No., or PO Box No. <u>258 CENTRAL ST</u>	
City, State, ZIP+4 <u>SAUGUS MASS 01906</u>	
PS Form 3800, June 2002	
See Reverse for Instructions	

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Robert Pihgano
258 CENTRAL ST
SAUGUS MASS 01906

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOWN OF SAUGUS
298 CENTRAL ST
SAUGUS MASS 01906

2. Article Number

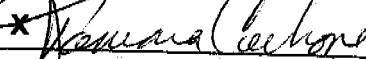
(Transfer from service label)

7004 2510 0003 8117 5466

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/3/05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540